## BEST AVAILABLE COPYART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further con indicated unless corrected to maintenance fee notification	pelow or directed otherwise	Patent, advance or in Block 1, by (a	ders and not ) specifying	a new correspondence address	vill be mailed to the curren ; and/or (b) indicating a ser	at correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal. The papers. Each additional	is certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
27885 75	90 03/14/2006				tificate of Mailing or Tran		
	FAGAN, MINNICH AVENUE, SEVENTH I 44114	FLOOR /	, ,,,,	I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	is Fee(s) Transmittal is being	ng deposited with the United rst class mail in an envelope a above, or being facsimile	
3/30/2006 BABRAHA2 00000026 240037 10749725				C6 THERESA	CAS	(Depositor's name)	
FC:1501 1400.0 FC:1504 300.0		Ϋ́œ.	PADERAARIK	made	$\frac{1}{2}$	(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMEI		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/749,725 12/30/2003		Michael E		E. Jones	D/A3462 XERZ 2 00666	, 9058	
FITLE OF INVENTION: PRINT HEAD DRIVE							
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional · NO		\$1400		\$300	\$1700	06/14/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	·		
NGUYEN, THINH H		2861		347-037000			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  XXXIII Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 FAY, SHARPE, FAGAN,  2 MINNICH & MCKEE, LLP				
	RESIDENCE DATA TO B						
recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	iata will app a substitute	pear on the patent. If an assign for filing an assignment.	ee is identified below, the c	ocument has been thed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
XEROX CORPORATION			STAMFORD, CT				
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXX Corporation or other private group entity Government							
a. The following fee(s) are XXXIssue Fee	enclosed:		4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.				
	mall entity discount permitte		Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies XX				M he Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).			
	(from status indicated above MALL ENTITY status. See	•	□h Annlie	cant is no longer claiming SMAI	I ENTITY status See 27 C	PED 1 27(a)(2)	
The Director of the USPTO NOTE: The Issue Fee and Pronterest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark		ny) or to re-apply any previously e other than the applicant; a regi			
Authorized Signature	Que M	Syp		_	nnu 27, 200		
Typed or printed nameANN M. SKERRY (			Registration No. 45,655				
This collection of information application. Confidential ubmitting the completed ap	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT	11. The information 122 and 37 CFR 1 O. Time will vary	is required .14. This coldepending up	to obtain or retain a benefit by t llection is estimated to take 12 pon the individual case. Any co	he public which is to file (an minutes to complete, including mments on the amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.